64% had a clavien-dindo score of I, 19% II, 6% III, 7% IV and 3% V. Of those who were sent to HDU electively, none had a clavien-dindo greater than II.
Conclusions: Within the confines of the audit we showed a 30 day mortality of 3% versus 3.3% for National average. Elective use of HDU is associated with favourable outcome. Median length of stay (8 days) is comparable to the National average of 7 days. We suggest that we are on a par with the National average, but the audit should be repeated with a larger sample size.

0802: THE HAND-SEWN ANASTOMOSIS: AN ENDANGERED SKILL?

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Introduction: There are two methods of forming an intestinal anastomosis, hand-sewn or stapled, and they have comparable outcomes. Prior to CCT, trainees must be able to construct an anastomosis; however the method is not specified. We propose that trainees should be competent in both techniques. A previous study in this unit showed that from 2004-2008, only 18% of trainee constructed anastomosis were hand-sewn so demonstrating limited exposure.
Methods: This was a retrospective study looking at all right hemicolectomy operations in a single unit between 2009 and 2012. Operation notes were examined and data collected for the primary operator & type of anastomosis.
Results: 192 procedures were identified. Data was unavailable for 8 procedures. The primary operator was a consultant in 97 cases and a trainee in 87. Consultants hand sewed the anastomosis in 6 cases (6% of consultant anastomoses) & trainees also hand sewed 6 cases (7% of trainee anastomosis).
Conclusions: This study has shown that the number of hand-sewn anastomosis constructed by trainees is falling. There are situations where a stapled anastomosis is not possible. It is therefore imperative that surgeons are trained in both techniques. It may be appropriate to include a separate WBA for hand-sewn anastomosis.

0806: IS THE TARGET REFERRAL SYSTEM DISADVANTAGING COLORECTAL CANCER PATIENTS ON THE NON-TARGET PATHWAY?

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Introduction: Waiting times to colonoscopy and incidence of colorectal cancer (CRC) in two groups, Target (T) and Non-Target (NT) referrals were studied.
Methods: Retrospective analysis of all diagnostic colonoscopies undertaken at a North London University Hospital between January and December 2012. We compared waiting times from referral to colonoscopy in T and NT groups and incidence of CRC. Student t-test and Chi-squared test were used, P value <0.05 was considered statistically significant.
Results: 1907 diagnostic colonoscopies were performed. T and NT referrals were 755 (39.6%) and 1152 (60.4%) respectively. NT patients waited significantly longer for colonoscopy compared to T patients, 47.5 to 27.4 days respectively (p<0.0001) (two tailed), 95% CI (17.60 to 22.59). 92 CRCs were diagnosed. 70 with complete information were included in final analysis. 47 (67.1%) were T and 23 (32.9%) were NT. 6.2% of T and 2.0% of NT patients were diagnosed with CRC, although significant (p<0.0001), are low yields. Within CRC group waiting time to colonoscopy was 10.2 days longer in NT than T (p = 0.0649 (two-tailed), 95% CI (21.18 to 0.66)).
Conclusions: Non-target patients waited significantly longer for colonoscopy and therefore non-target CRC patients were disadvantaged. The incidence of cancer in target patients is low. More stringent selection criteria are required for urgent diagnostic colonoscopies.

0813: A COMPARISON OF THE POST-OPERATIVE COURSE OF CROHN'S DISEASE AND CANCER PATIENTS UNDERGOING SIMILAR RIGHT-SIDED BOWEL OPERATIONS

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Introduction: Despite their generally young age, Crohn's patients seem to have a high post-operative complication rate, particularly of respiratory infections. We explored this observation.
Methods: All patients undergoing an ileo-caecal resection for Crohn's were compared with patients undergoing right hemicolectomies for cancer at a single centre from 1/2012 to 5/2013. Both open and laparoscopic procedures, as well as emergency and elective procedures were included. Operative, demographic, and morbidity/outcomes data were collated electronically.
Results: During the study period, 32 patients with Crohn's underwent ileo-caecal resections (29 elective; 11 open) and 49 patients had a right hemicolectomy (48 elective; 15 open). The average age in the Crohn's group was 35 compared to 68 in the cancer group. The average ASA grade in the cancer group was higher. Both groups had a comparable length of stay, incidence of SIRS (for any reason), respiratory complication rate and surgical complication rate (post-operative collection, wound infection and anastomotic leak).
Conclusions: Ileo-caecal resections for Crohn's disease have a similar complication profile to those undergoing a similar operation for cancer, despite patients being around 30 years younger with far fewer co-morbidities. This finding may reflect the systemic nature of Crohn's disease, but does warrant further research.

0837: EVALUATING COLORECTAL CANCER MULTI-DISCIPLINARY TEAM MEETINGS: DEVELOPMENT AND VALIDATION OF A QUALITY ASSESSMENT TOOL

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Introduction: To develop and validate an evidence-based, user informed tool that can reliably measure the quality of colorectal cancer MDTs.
Methods: A multi-phased approach identified current evidence on colorectal cancer MDTs (systematic review) and expert user opinion on measures for assessing how well they function (interviews). The information was used to develop a tool, Colorectal Multidisciplinary Team Metric for Observation of Decision-Making (CMDT-MODE), which was content and face validated. CMDT-MODE was used by two observers to independently assess decision-making in colorectal MDTs (observational study).
Results: Colorectal MDT MODe incorporated team member contributions and the quality of data presented, and had excellent content validity; CVI – 0.81. The tool was used to observe 131 patient cases across 8 MDTs. Case history information (observers' mean=4.57), and surgeons' contribution score (observers' mean=4.35) were rated highest. An analysis of variance (ANOVA) showed a statistically significant difference between the different scoring categories: $F(12,3033) = 187.37$, $P<0.05$, partial eta squared = 0.426. Overall, intraclass correlations were high with evidence of improvement.
Conclusions: Colorectal MDT-MODE provides an evidence-based, end-user informed approach to assessing decision-making in the management of colorectal patients with potential to identify areas for improving practice so as to optimize decision making for cancer care.

0840: UTILIZATION OF MRI COLONOGRAPHY FOR ASSESSMENT OF INFLAMMATORY BOWEL DISEASE ACTIVITY

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Introduction: To compare MRI Colonography, Colonoscopy and Histology grading for prediction of colonic disease activity.
Methods: After ethical approval 21 patients (11 females & 10 males) with colonic IBD were recruited. All of them had routine colonoscopy and MR colonography on same day. Colon was filled with 1.5l of warm tap water through 16 F rectal catheter. Images were acquired in prone position with 1.5T Siemens Avanto magnet using body and spine array coils. Endoscopists filled CDEIS study proforma and biopsies were scored with help of standard inflammation grade system (1-4) and eAIS. Qualitative observations were made according to Steward score, MRI activity score and MaRIA index. Spearman correlation used on per patient and per segment basis.
Results: On per patient basis significant correlation seen between Steward score and CDEIS (r=0.559, p=0.01), MRI activity score and CDEIS (r=0.55, p=0.01) and MaRIA index and CDEIS (r=0.61,p=0.005) while no correlation seen with both histology grading systems. On per segment basis all three MRI scores showed significant correlation with CDEIS again but only MRI activity score showed such correlation with histology grading (r=0.2,p=0.035) and eAIS (r=0.22,p=0.02).